U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1 2 -4 = 1/13	LY BEFORE PREPARING THIS REPORT.				
E Milosof	± web ≥ t				
1. File Number U - 7265	2. Flecal Year Covered From:				
The state of the s	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name DENNIS D CASTER	Name THEW LOCAL #280				
	Labor Organization File Number 033-182				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any PO BOX 404				
Street FOTE REMEMBERS NOTE	Street 32969 HWY 99E				
fase to the stay of the state o					
City EUGENE	Chy TANGENT				
State Oregon ZIP Code +4 97404	State         Oregon         ZIP Code + 4         97386-0404				
5. Position in labor organization.  BUSINESS MANAGER					
Enter appropriate data below if, during the past fiscal year, you or your spo	use ar miner child directly or indirectly had any of the fallowing interests				
(except as specified in the exclu	isions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
	on representation to desired control of the representation of the				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any).  Name	p				
	p				
Name Trade Name, if any:	p				
Name	p				
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.				
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.				
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  \$0  ature  Perjury and other applicable penalties of the law, that all of the Information ing documents), has been examined by the signatory and is, to the best of the				
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  \$0  ature  Perjury and other applicable penalties of the law, that all of the Information ing documents), has been examined by the signatory and is, to the best of the				

Name of Person Filing DENNIS CASTER		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name CASCADE PENSION TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1220 SW MORRISON ST  City PORTLAND  State Oregon ZIP Code +4 97205-2222  10. if 9.b. or 9.c. is checked give trust or employer's name.  Name CASCADE PENSION TRUST  Trade Name, if any: C/O A&I BENEFIT PLAN ADMIN., INC.	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing  EXPENSES RE: IFEBP  MONICA, CALIFORNIA  MARCH 7-10, 2004					
P.O. Box, Bldg., Room No., if any Street 1220 SW MORRISON ST  City PORTLAND  State Oregon ZIP Code + 4 97205-2222	11.b. Approximate dollar value 12.a. Nature of interest held					
	12.b. Amount.	\$2,369				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4						
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	50				

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name CASCADE PENSION TRUST	a. Labor Organization		
Trade Name, if any:	Equation 1		
P.O. Box, Bldg., Room No., If any	b. Trust		
Street 1220 SW MORRISON ST	c. Employer		
City PORTLAND			
State Oregon ZIP Code + 4 97205-2222			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name CASCADE PENSION TRUST	EXPENSES RE: IFEBP ANNUAL CONFERE LOUISIANA	NCE, NEW ORLEANS.	
Trade Name, If any: C/O A&I BENEFIT PLAN ADMIN., INC.	SEPTEMBER 17-22, 2004		
P.O. Box, Bldg., Room No., if any			
Street 1220 SW MORRISON ST			
City PORTLAND			
State Oregon ZIP Code + 4 97205-2222	11.b. Approximate dollar value of such dealing.	\$3,985	
	12.a. Nature of interest held or income received.		
	REGISTRATION, LODGING, ALLOWANCE,	AND REIMBURSEMENT	
	12.b. Amount.	\$3,985	

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